



DEPARTMENT OF  
**REVENUE**  
STATE OF MISSISSIPPI

# Information Referral

## Criminal Investigation Division

**TAXPAYER IN VIOLATION**

Name: \_\_\_\_\_ FEIN/SSN: \_\_\_\_\_

Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Occupation: \_\_\_\_\_

**BUSINESS IN VIOLATION**

Name: \_\_\_\_\_ FEIN/SSN: \_\_\_\_\_

DBA: \_\_\_\_\_

Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Business Activity: \_\_\_\_\_

**ALLEGED VIOLATION OF TAX LAW.** *Check all that apply.*

- |  |   |  |  |
|--|---|--|--|
| <input type="checkbox"/> False Exemptions            | <input type="checkbox"/> False Deductions | <input type="checkbox"/> Multiple Filings    | <input type="checkbox"/> Unreported Income   |
| <input type="checkbox"/> Failure to Withhold Tax     | <input type="checkbox"/> False ID Numbers | <input type="checkbox"/> Falsified Documents | <input type="checkbox"/> Failure to file/pay |
| <input type="checkbox"/> Other (Describe here) _____ |   |  |  |

**TYPE OF TAX INVOLVED.** *Check all that apply.*

- |  |   |   |  |
|--|---|---|--|
| <input type="checkbox"/> Individual Income Tax       | <input type="checkbox"/> Withholding Tax (W2) | <input type="checkbox"/> Corporate Income Tax | <input type="checkbox"/> Sales/Use Tax |
| <input type="checkbox"/> Other (Describe here) _____ |   |   |  |

**Comments** (Briefly describe the facts of the alleged violation – Who/What/Where/When/How – and how you obtained the information.)

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Are books/records available?

☐ Yes ☐ No

Do you have any physical evidence?

☐ Yes ☐ No

Do you consider the taxpayer dangerous?

☐ Yes ☐ No**BANKS, FINANCIAL INSTITUTIONS, CREDIT UNIONS USED BY THE TAXPAYER**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

**REFERRAL BY:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_ FAX: \_\_\_\_\_